Entry Blank—Please Type or Print

Mr./Artist AUDREY HALPERN
(last name last)
Permanent Address 5366 CHICKADEE LYNDHURST Street City EVERENDS ONLY
Street City
44124 Daytime Tel. (2/6) 461-24/4
Zip area
Tanasassas
Temporary or Studio Address
Street City
Daytime Tel. ()
Zip area
If you do not presently live in one of the counties of the Western Reserve, in which county were you born?
Collaborator (if any)
If May Show entries are not accepted or are not sold: ➢ Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense:
Street
City State Zip
Special Instructions
Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.
When necessary, include instructions or a drawing for assembling and displaying an object.
Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 27, 1990.
The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.
Signature audrees Afaliera
I have received the unsold/unaccepted object(s) in good condition.
Signature & audien Halper
signature

Detach entire portion along dotted line and submit with slides, but retain tags

Entry Blanks

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1990 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106



AUDRE, GHALIZERN	
Name	
5366 PHICKADEE	
Address	
LINDHURST OH 44124	,
City & State	7in

Notification #1

Do Not Detach

☐ Paintings ☐ Sculpture

☐ Graphics ☐ Crafts

∠ Photography

Title

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ACCEPTED	NOT ACCEPTED
X	

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☐ Paintings

☐ Graphics

☑ Photography

☐ Sculpture

☐ Crafts

Title

Do Not Detach

UNTITLED

ACCEPTED	NOT ACCEPTED
	X

Works accepted for final jurying are due at the Museum February 27-March 3